

2014	DIET, NUTRITION, PHYSICAL ACTIVITY AND OVARIAN CANCER		
		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing		Adult attained height <sup>1</sup>
	Probable		Body fatness <sup>2</sup>
LIMITED EVIDENCE	Limited – suggestive	Lactation	
	Limited – no conclusion	Vegetables; fruits; pulses (legumes); red meat; processed meat; poultry; fish; eggs; milk and dairy products; vegetarian and individual level dietary pattern; coffee; tea; dietary fibre; carbohydrates; protein; total fat; saturated fatty acids; monounsaturated fatty acids; polyunsaturated fatty acids; vegetable fat; animal fat; trans fatty acids; dietary cholesterol; alcohol; folate; vitamin A; lycopene; vitamin C; vitamin E; serum vitamin D; lactose; calcium; acrylamide; physical activity; abdominal fatness; energy intake	
STRONG EVIDENCE	Substantial effect on risk unlikely		

- 1 Adult attained height is unlikely to directly influence the risk of cancer. It is a marker for genetic, environmental, hormonal, and also nutritional factors affecting growth during the period from preconception to completion of linea growth.
- 2 Body fatness marked by body mass index (BMI). The effect may vary in different subgroups such as by tumour type, hormone replacement therapy use, and menopausal status.

Summary of CUP meta- analysis and pooled analyses - BMI

Analysis	Increment	RR (95% CI)	I <sup>2</sup>	No. Studies	No. Cases	Factors adjusted for
CUP Ovarian Cancer SLR 2013	Per 5 units	1.06 (1.02-1.11)	55	25*	15 899	
Pooling Project of Prospective Studies of Diet and Cancer [36]	BMI ≥ 30 vs. 18.5-23	1.03 (0.86-1.22)		12	2036	Adjusted for age at menarche, oral contraceptive use, parity, smoking status, physical activity, energy intake, menopausal status at baseline and hormone replacement therapy use among postmenopausal women. No statistically significant heterogeneity between studies. BMI in early adulthood was not associated with ovarian cancer risk.
	Per 4 units	1.01 (0.95-1.07)			2036	
Collaborative Group on Epidemiological Studies of Ovarian Cancer [37]	Per 5 units	1.03 (1.00-1.06)		17	10643	Results shown for prospective studies only. Stratified by study, age at diagnosis, parity, menopausal status/ hysterectomy, height, duration of oral contraceptive use, and ever use of hormone therapy
Ovarian Cancer SLR 2013 additional analysis: Collaborative Group on Epidemiological Studies of Ovarian Cancer [37] combined with non-overlapping studies from the CUP [17, 21-24, 28, 31, 33-35, 38-42]	Per 5 units	1.06 (1.00-1.12)	38	34	12787	

\* Number of risk estimates = 22  
\*\* New York University Women’s Health Study was not included in the category ≥ 30 because there were no cases in that category.

Summary of CUP meta- analysis and pooled analyses - Height

Analysis	Increment	RR (95% CI)	I <sup>2</sup>	No. Studies	No. Cases	Factors adjusted for
CUP Ovarian Cancer SLR 2013	Per 5 cm	1.08 (1.05-1.10)	34.8	14*	17,312	
Collaborative Group on Epidemiological Studies of Ovarian Cancer, 2012 [37]	Per 5 cm	1.08 (1.06-1.10)		17	10,858	Stratified by study, age at diagnosis, parity, menopausal status hysterectomy, BMI, duration of oral contraceptive use, and ever use of hormone therapy
The Emerging Risk Factors Collaboration, 2012 [55]	Per 6.5 cm	1.07 (1.01-1.14)			1428	Cancer deaths Adjusted for age, sex, year of birth and smoking status
Pooling Project of Prospective Studies of Diet and Cancer [36]	≥ 170 vs. < 160 cm, all	1.38 (1.16-1.65)		12	2036	Adjusted for age at menarche, oral contraceptive use, parity, BMI, smoking status, physical activity, energy intake, menopausal status at baseline (all) and hormone replacement therapy use among postmenopausal women
	Per 5 cm, all	1.10 (1.05-1.15)			2036	
Ovarian Cancer SLR 2013 additional analysis: Pooling Project of Prospective Studies of Diet and Cancer [36] combine with non-overlapping studies from the CUP [17, 25, 28, 52, 53, 56]	Per 5 cm	1.08 (1.06-1.11)		24	16,062	

\* One study reported a risk estimate for two studies combined: Lundqvist et al, 2007 [28].  
Thirteen risk estimates are included in the analysis